

# Supervisor's OWCP Checklist

1.	<input type="checkbox"/>	<b>Report Injury – Must submit CA-1 to receive OWCP Claim Number</b> <ul style="list-style-type: none"> <li>Electronically submit CA-1<sup>1</sup>, Traumatic Injury or CA-2, Occupational Disease/Illness</li> <li><a href="https://extranet.apps.cpms.osd.mil/Divisions/Benefits%20and%20Worklife/Injury%20and%20Unemployment%20Compensation%20Branch/Online%20Tools%20Overview.aspx">https://extranet.apps.cpms.osd.mil/Divisions/Benefits%20and%20Worklife/Injury%20and%20Unemployment%20Compensation%20Branch/Online%20Tools%20Overview.aspx</a> (DIUCS: Supervisor Link)</li> <li>For Recurrence Claims (spontaneous return) contact ICPA (see step 9)</li> </ul> <b>Notify Safety</b> <ul style="list-style-type: none"> <li>Air National Guard – Submit local safety forms to their Safety Office</li> <li>Army National Guard – Contact State Safety Office at 602-629-4251</li> </ul>
2.	<input type="checkbox"/>	<b>Medical Documentation – Must be signed by physician</b> <ul style="list-style-type: none"> <li>CA-16, Authorization for Examination and Treatment <sup>2</sup> should be issued <b><u>within 4 hours of injury</u></b><sup>3</sup> along with a copy of the CMS-1500, Health Insurance Claim Form</li> <li>CA-20, Attending Physician's Report (each time medical treatment received)</li> <li>CA-17, Duty Status Report (Must submit after each treatment)</li> <li><b>Injured employee must notify physician that Agency offers light duty and Light Duty Memo should be completed. (Contact ICPA for LD Memo)</b></li> </ul>
3.	<input type="checkbox"/>	<b>Continuation of Pay (COP)<sup>4</sup>– Must be supported by medical documentation</b> <ul style="list-style-type: none"> <li>Time card code for COP: “LU” for date of injury &amp; “LT” for injury related time away from work during <b>45 calendar day</b> window. Questions, please contact ICPA.</li> <li>Four digit code for time card is month &amp; day of injury</li> <li>If claim is denied, change COP to LS, LA, or LWOP</li> </ul>
4.	<input type="checkbox"/>	<b>Medical Authorization<sup>5</sup>– Must be supported by medical justification</b> <ul style="list-style-type: none"> <li>Physician requests authorization: phone (850) 558-1818 or fax (800) 215-4901, or <a href="http://owcp.dol.acs-inc.com">http://owcp.dol.acs-inc.com</a></li> <li>Medical Provider must have ACS Provider Number to receive authorization</li> <li>Physician must state ICD-9 (diagnosis code) &amp; CPT (procedure code), and OWCP Claim Number (Codes must match accepted condition)</li> </ul>
5.	<input type="checkbox"/>	<b>Compensation after 45 days – Must be supported by medical documentation</b> <ul style="list-style-type: none"> <li>Must be in Leave Without Pay (LWOP) Status</li> <li>Time card code for LWOP: “KD”</li> <li>CA-7, Claim for Compensation (Submit every two weeks)</li> <li>SF1199A, Direct Deposit Sign-up should be submitted with initial CA-7 forms</li> <li>LWOP will exceed 80 hours, submit SF52 to HRO requesting Personal LWOP status</li> <li>Pay rate is three-fourths with dependents and two-thirds without dependents</li> </ul>
6.	<input type="checkbox"/>	<b>Medical Bills –</b> <ul style="list-style-type: none"> <li>Website: <a href="http://owcp.dol.acs-inc.com">http://owcp.dol.acs-inc.com</a></li> <li>Medical Provider must have <u>ACS Provider Number</u> to receive payment</li> <li>Bills submitted manually must be submitted on HCFA-1500 or UB-92</li> <li>Mailing address: US Dept of Labor-Central Mailroom, P.O. Box 8300, London, KY 40742-8300</li> <li>ACS Customer Service (850) 558-1818</li> </ul>
7.	<input type="checkbox"/>	<b>Reimbursement –</b> <ul style="list-style-type: none"> <li>OWCP-915, Medical, submit with supporting documentation</li> <li>OWCP-957, Travel, submit with supporting documentation</li> <li>Send completed forms with supporting documents to: US Dept of Labor- Central Mailroom, P.O. Box 8300, London, KY 40742-8300</li> </ul>
8.	<input type="checkbox"/>	<b>Send following docs to ICPA- ( within 5 business days of submitting CA-1or CA-2 electronically)<sup>7</sup></b> <ul style="list-style-type: none"> <li>“Wet” (original) signature copy of CA-1 and/or CA-2</li> <li>CA-16 (if issued) and medical documentation</li> <li>CA-17 andCA-20</li> <li>Light Duty (LD) Memo (if applicable)</li> </ul>
9.		<b>Agency Point of Contact – Injury Compensation Program Administrator (ICPA)</b> Ashley Outland, ICPA – DSN 853-4818, COM (602) 629-4818, <a href="mailto:ashley.c.outland.mil@mail.mil">ashley.c.outland.mil@mail.mil</a> , Mailing address: OTAG-AZ(HRO) OWCP, 5636 E. McDowell Rd, Phoenix, AZ 85008 <sup>6</sup>

NOTES:

1. Only input a CA-1 if the employee has expressed that he/she wants to file a injury claim for a work related injury **AFTER** you have advised them that they have the option to do so. It is the employees right to file or not to.
2. Contact ICPA for current CA-16 form. Ones used from internet are equivalent to voided checks. CA-16 **WILL NOT** be issued if a CA-1 is not submitted electronically. Page 1 must be filled out **completely with signature of Authorizing Official** to be valid.
3. If due to conflict of work scheduled /shift times, contact ICPA or Backups with information for a CA-16 to be issued then give as the supervisor you can give authorization to medical facility to provide medical care for the injured employee. Provide via email or voice message the following information...
  - a. injured employees name ( Last Name, First Name)
  - b. injury (Specify location/side of injury i.e. Cut to index finger of right hand)
  - c. name of medical/treatment facility (military medical clinics do not require a CA-16)
  - d. if you believe the injury is valid or not (do you believe or not that the employee injured themselves the way they are submitting their claim for)
4. These codes are to be used **ONLY** for OWCP related injuries. 45 **Calendar** days only. Outside of the 45 days, the employee can be placed in a LWOP Status for injury related absent with a corresponding CA-7 for compensation from the Department of Labor or can use sick and/or annual leave.
5. Authorization forms can be obtained from ICPA but the medical facility can use their own devised forms as long as they include the procedure codes.
6. The Mailing Address for the ICPA is the Employee Agency Address that is requested in block 17 of the CA-1.
7. Completed copy of the CA-17, CA-20, revised Light Duty Memo, or work release to full duty for the injury should be sent to the ICPA either via scan/email, fax, or distribution within 10 calendar days of every follow-up appointment.